



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

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INITIAL APPLICATION FOR PHYSICIAN LICENSURE GENERAL INFORMATION

ENSURE YOU HAVE THE RIGHT APPLICATION

Important Note – Before you continue beyond this point, ensure you have the correct application and are applying for **initial licensure and not reinstatement**. Reinstatement of a Georgia medical license requires the completion of a different application. **Physician Licensure applications are good for one-year only from date of receipt.**

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Application Fee: \$400.00; Make check/money order payable to: ***Georgia Medical Board.***

NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD.

Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

FALSIFICATION/MISREPRESENTATION

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

BRIEF OVERVIEW

Effective November 1, 2004 the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the application packet only if it meets certain guidelines identified by the Board for each primary source documentation. Please refer to the Checklist for guidelines for submitting primary source documentation.**

Please read all application materials and instructions carefully. It takes approximately eight (8) to twelve (12) weeks to obtain a license in Georgia. Please visit the Frequently Asked Questions (FAQ's) on our website for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as "completed" **15 business days** before the next monthly board meeting date. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 15 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff. **Physician Licensure applications are good for one-year only from date of receipt.**

EMPLOYMENT IN GEORGIA- It is strongly recommended that you DO NOT accept employment to practice medicine in Georgia until your Georgia license number has been issued.

INTERNET DISCLOSURE OF PHYSICIAN'S ADDRESS

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed physician. Public-record information pertaining to licensed physicians is available to the public through the Board's website (www.medicalboard.state.ga.us).

The release of this information has highlighted the need for physicians to carefully consider the address they provide to the Board as their address of record. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

CONTACT INFORMATION

If your last name begins with:	Please call:
A-H	404-463-6162
I-P	404-657-6491
Q-Z	404-656-7067

INITIAL APPLICATION FOR PHYSICIAN LICENSURE - CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the application or documentation.* **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**



FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS) IS ACCEPTED. YOUR FCVS PACKET MUST HAVE ARRIVED AT THE BOARD'S OFFICES BEFORE PROCESSING CAN BEGIN.

Indicate on your application that information from the FCVS is forthcoming, so the administrative staff will be expecting it.

- **U.S. and Canadian applicants** who utilize this service must understand that only background information; medical school transcript, diploma, postgraduate training, Board action history, and examination scores are verified.
- **International applicants** who utilize this service must understand that only background information; ECFMG, medical school transcripts, diploma, Fifth Pathway Certificate, medical school education, postgraduate training, Board action history, and examination scores are verified.
- **Clinical rotations** done in the US by international medical school graduates are not verified by the FCVS.

Effective November 1, 2004 the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the application packet (see checklist below), only if it meets the guidelines identified by the Board for each primary source documentation.**



PRIMARY SOURCE VERIFICATION

The following documentation may come with the application packet directly from the applicant **if guidelines identified by the Board for the following primary source documentation are met:**



CERTIFICATION OF POSTGRADUATE TRAINING FORM – FORM A

This form must be submitted to every U.S. or Canadian training facility for every medical graduate completing postgraduate training. **No whiteouts or strikeouts are accepted.** The Program Director should complete the form and return it to you in a **sealed envelope**. **Have the Program Director to sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**



REFERENCE FORM – FORM B

Three **Reference Forms** are required - one each from licensed physicians who have known you and have been familiar with your practice for **more than six months**. If you are currently in residency training, a reference form from your program director is required. Complete your part of this form by filling out your name. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**

In addition, the forms must meet the following criteria:

- Sent by licensed physicians familiar with your practice and who have known you more than six months.
- Original signature and date of signature of reference source.
- The date of the reference source's signature is invalid six months of the date it was signed.
- It is preferable that one be sent by the Program Director or Chief of Service for those who have recently completed residency training, or the last hospital where staff privileges were held.
- Faxed forms are not accepted.

The Physician should complete the reference form and return it to you in a **sealed envelope**. **Have the physician sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. Formal letters of reference are not accepted in lieu of the Reference Form because questions on the form are required to be answered by the Composite State Board of Medical Examiners. **Altered envelopes which contain official, original, certified official documents will not be accepted.**



MEDICAL SCHOOL TRANSCRIPT(S)

You will need to contact your medical school to determine what information they need to send you a transcript of courses and grades that made up your medical education. The school should stamp across the back of the envelope with their school seal. When you receive this document, **do not open the envelope**. Send the unopened envelope with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**



VERIFICATION FORM FOR CLINICAL CLERKSHIPS DONE IN THE U.S. FORM – FORM D

All international medical school graduates who attended medical schools where the clinical clerkships were done in ACGME approved teaching hospitals must complete this form. This form must be sent by each hospital directly to the Board. The school should stamp across the back of the envelope with their state seal. When you receive this document, **do not open the envelope**. Send the unopened envelope with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**



NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit this NPDB-HIPDB report if:

- **You are presently unlicensed in any state;**
- **You have only held a temporary, limited or training license;**

- Or if you are a Canadian licensed physician.



PRIMARY SOURCE VERIFICATION

The following PRIMARY SOURCE DOCUMENTATION MUST COME DIRECTLY FROM THE ISSUING AUTHORITY DIRECTLY TO THE BOARD.



EXAMINATION SCORES

Scores of all examinations such as USMLE, FLEX, NBOME, NBME, LMCC and State Board Examinations are required. Request that transcripts **be sent directly to the Board**. Do not confuse sitting in a state, such as Georgia, to take the USMLE as taking a State Board Examination. Historically, some State Medical Licensing Boards provided their own individual examinations for licensure.



STATE BOARD LICENSE VERIFICATION FORM – FORM C

Original official, certified verifications of license history of all medical licenses you have held or currently hold is required for each permanent, temporary, training, provisional or limited license held, even if you have not worked in that state or in any state in the US or Canadian territory or province, and US federal jurisdiction for 20 years, or you got a license and never practiced in that state. List the State/Country, dates of licensure, licensed by examination, reciprocity, state board examination, USMLE, FLEX, LMCC, NBOME, NBME, etc. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Board.**



AFFIDAVIT OF APPLICANT

Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**



MALPRACTICE QUESTIONNAIRE FORM – FORM E

Complete this form only if you have ever had malpractice filed against you. Copies of the Plaintiff's Complaint and either the Settlement Agreement or the Dismissal Order are required by the Board. The copies must be provided in an 8-1/2 by 11 format. For civil actions, provide all documentation of complaint and settlement agreement or dismissal order. The Armed Forces has their documentation dealing with the same areas of complaint and adjudication – these must be provided as well. These can be your own copies or copies obtained from your attorney or the county court of jurisdiction or Armed Forces branch of service.



CV/RESUME

The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education, employment, and medical activities, including your present position, employment, and specialty.** **Give a complete chronological accounting of any gaps in training or experience.**



SPECIFIC POWER OF ATTORNEY – FORM G

If you want an agency or other individuals who you designate to handle the application process, a Specific Power of Attorney form must be **signed and notarized** in order to for the staff to discuss your application status with anyone other than the applicant.

FORMS FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS

Note – If you are a graduate of a medical school in the US and US territory or Canada and Canadian territories, you do not submit the information below; therefore, do not send this information in with your application packet.



INTERNATIONALLY TRAINED PHYSICIANS ONLY – CLINICAL ROTATION/CLERSKSHIPS – FORM F

All International Medical School graduates must complete this form, per INSTRUCTIONS. Clerkships completed in the US must be in an ACGME approved teaching hospital.